

**TOWN OF MONTEREY
BOARD OF HEALTH**

Application for License - Practitioner of Massage

Name	
Telephone Number:	
Present Address:	
Birthdate:	
Social Security Number:	
First Previous Address:	
Second Previous Address:	

Record of Education

College	Name/Address	Course of Study	Years attended <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Check Last Year Completed	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree
Other (Specify)	Name/Address	Course of Study	Years attended <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Check Last Year Completed	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree

Business, Occupation, or employment for the three (3) years immediately preceding the date of the application Please list below beginning with your most recent:

Company Name/Type of Business	Address/City/State	From (Month/Year)	To (Month/Year)	Describe in detail what work you did	Reason for leaving	Name of Supervisor
Company Name/Type of Business	Address/City/State	From (Month/Year)	To (Month/Year)	Describe in detail what work you did	Reason for leaving	Name of Supervisor
Company Name/Type of Business	Address/City/State	From (Month/Year)	To (Month/Year)	Describe in detail what work you did	Reason for leaving	Name of Supervisor

Previous and/or current Massage License held? (If self-employed, please state so)

Are you currently licensed to practice massage? ☐ **Yes** ☐ **No**

Name and address of Establishment	Dates From: To:	Reason for Termination:	Current Status of License
Name and address of Establishment	Dates From: To:	Reason for Termination:	Current Status of License
Name and address of Establishment	Dates From: To:	Reason for Termination:	Current Status of License

If you had or have a license to practice massage, was it ever suspended or revoked? ☐ Yes ☐ No

If yes, please state reason(s) here:

Have you ever been convicted of any criminal violations of any statutes, ordinances, or rules and regulations by a court of competent jurisdiction?

☐ Yes ☐ No **If yes, give grounds:**

Names, Addresses, and occupations of three (3) persons (not relatives) for referral purposes.

Name:	Address:	Occupation:	Telephone Number
Name:	Address:	Occupation	Telephone Number
Name:	Address	Occupation	Telephone Number

The following must be submitted with your application:

1. Written statements of at least (3) three persons (not relatives) from above references must be submitted as an appendix.
2. Diplomas or certificates received substantiating educational requirements for licensure must be submitted as an Appendix.
3. One current photograph at least 2" x 2" must be submitted as an Appendix.
4. One Government Issued I.D. must be submitted as an Appendix.
5. The Appropriate remittance fee by check or money order, of license fee of \$50.00 per town (prorated for new applications after June 30), made payable to Town of Monterey.

The facts set forth above in my application are true and complete. I understand that false statements on this application shall be considered cause for denial or revocation of a license.

Signature of Applicant: _____

Home Address: _____

The following subjects/hours are required for license to practice massage:

Anatomy and Physiology of the Muscular Skeletal and Integuementary Systems including functional anatomy and dynamics of human motion.	REQUIRED HOURS 90-100 Hours	ACTUAL TAKEN
Massage technique and theory including indications, contraindications, and basic hygiene and sanitation.	REQUIRED HOURS 100 Hours	ACTUAL TAKEN
Supervised Practicum concurrent or immediately following class room courses.	REQUIRED HOURS 200 Hours	ACTUAL TAKEN
Business Practices, professionalism and ethics and/or adjunct techniques and methods.	REQUIRED HOURS 75 Hours	ACTUAL TAKEN
Current CPR Certification by American Red Cross or American Heart Association.		π Yes π No

PROCESS UPON COMPLETION OF APPLICATION:

Please contact Melissa Noe, Board of Health Secretary at 413-528-1443 to set up an interview with the Monterey Board of Health at their next scheduled meeting.

For “NEW” applicants who have never applied for a massage application for a prorated rate will apply as follows:

Received on June 30 th but before August 1 st :	50% of total fee
Received on August 1 st , but before October 1 st	40% of total fee
Received on October 1 st , but before December 31 st	30% of total fee

Town of Monterey
Board of Health
P.O. Box 308
Monterey, MA 01245
P: 413.528.1443
F: 413.528.9452

For Office Use Only:

References	
One Current Photo ID (2”x2”)	
One Government Issued ID	
License Fee (\$50.00):	
CPR/First Aid Certificate	
Diploma - Massage School	

For Office Use Only:	π Approved	π Disapproved
Reason: _____		
Date: _____ Signature(s) of approving BOH Member(s): _____		

Board of Health		